



Patent Application For: SIMULTANEOUS REAL-TIME ACCESS TO FINANCIAL INFORMATION
Inventor(s): Robert L. Tritt, Kyle M. Mallot, Todd P. Glasgow, Bradley C. Glascock, Scott A. Hawkins
REPLACEMENT SHEET U.S. Patent Appl. Serial No. 09/475,637 (Attorney Docket No.: 10098/6)

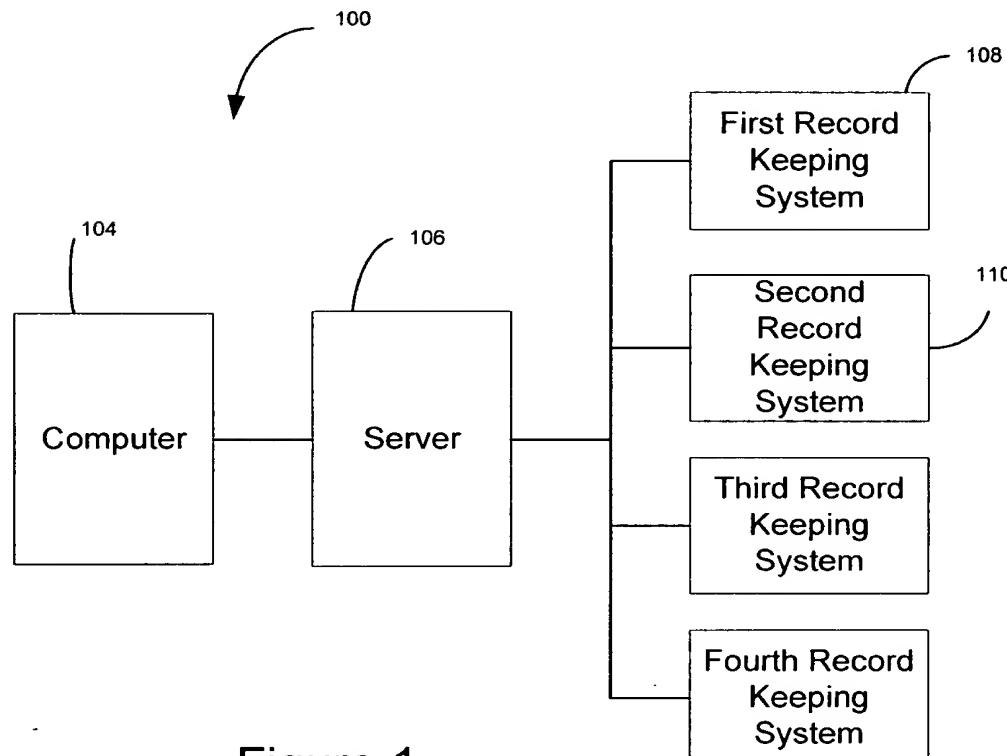


Figure 1

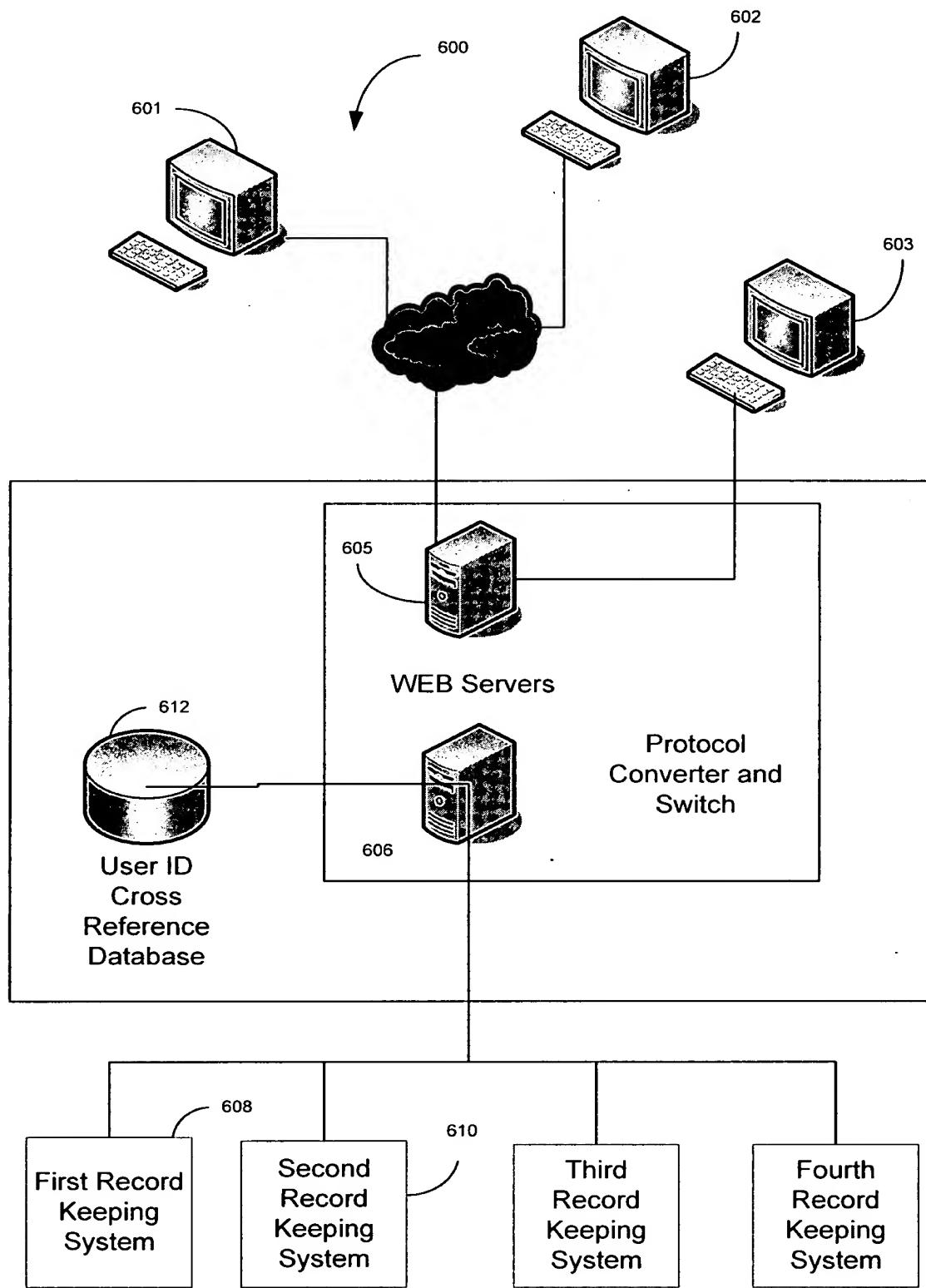
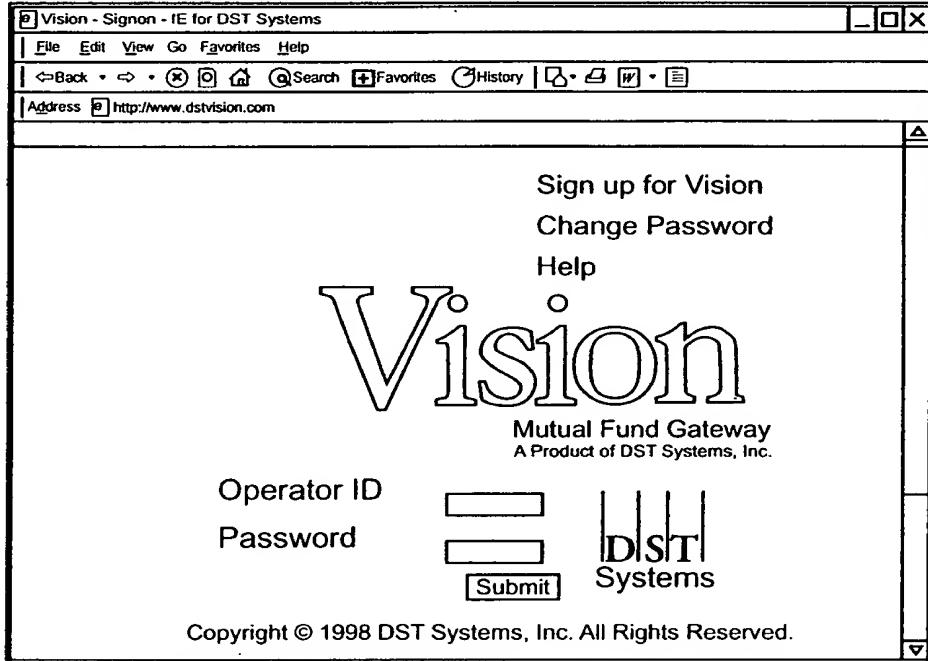
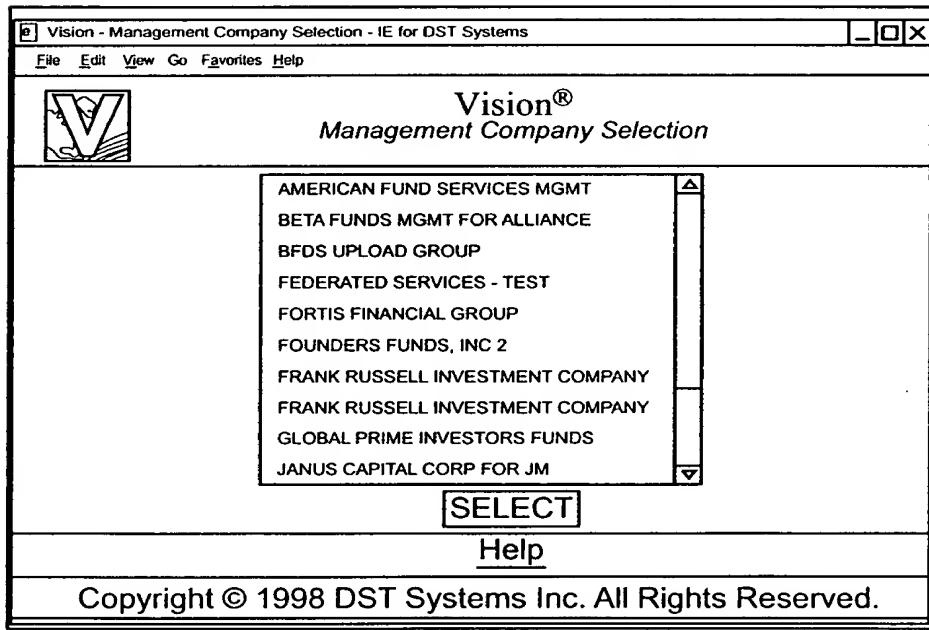


Figure 6



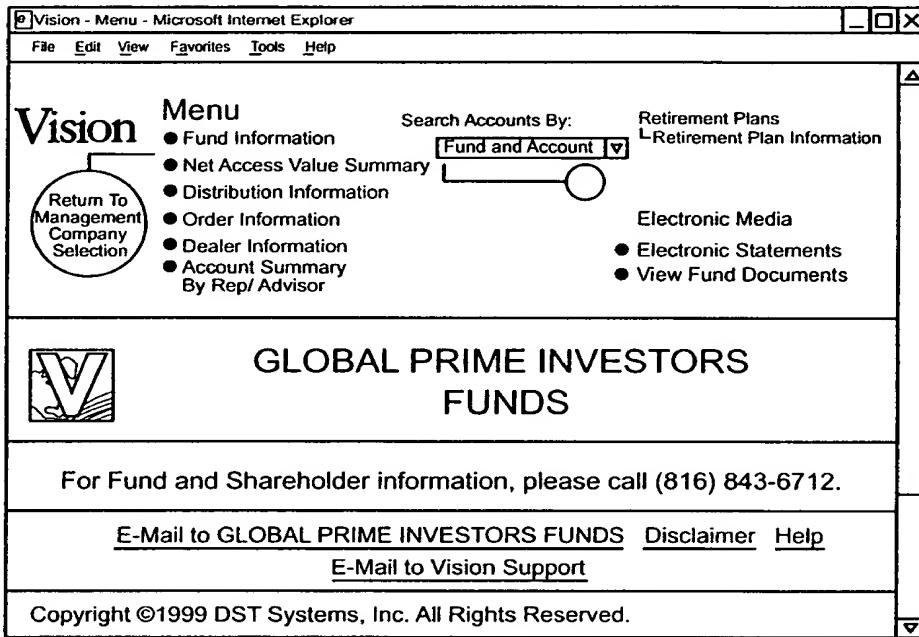
Sign on window

FIGURE 8(A)



Management Company Selection window

FIGURE 8(B)



Vision Menu Window

FIGURE 8(C)

Shareholder Account History - IE for DST Systems							
GLOBAL PRIME INVESTORS FUNDS							
Shareholder Account History							
NO-LOAD FUND		Fund Code 95					
Ticker: CSMMF		CUSIP CUSIP9500					
Account 9000065233 Tax ID/SSN: 474-92-4417				SEATTLE FIRST NATL BANK CUST IRA/ RONALD KELLERMAN 46 ONION STREET NORTHFIELD MN 55057			
Description	Confirm Date	Trade Date	Price	Discount Schedule	Shares	Share Balance	
Transaction Sequence #	Transmitter ID	Batch #	Schedule	Catagory #	Cash		
Interest Credit 0000007	09/03/1997 011 / 003	09/03/1997 9999 / 888	\$1,000 PM	00 00	3.0500 No	17,341.800	
Interest Credit 0000006	08/27/1997 011 / 003	08/27/1997 9999 / 811	\$1,000 PM	00 00	3.2400 No	17,337.5200	
Interest Credit 0000005	08/27/1997 011 / 003	08/27/1997 9999 / 811	\$1,000 PM	00 00	9.1800 No	17,323.3400	

Shareholder Account History Window

FIGURE 8(D)

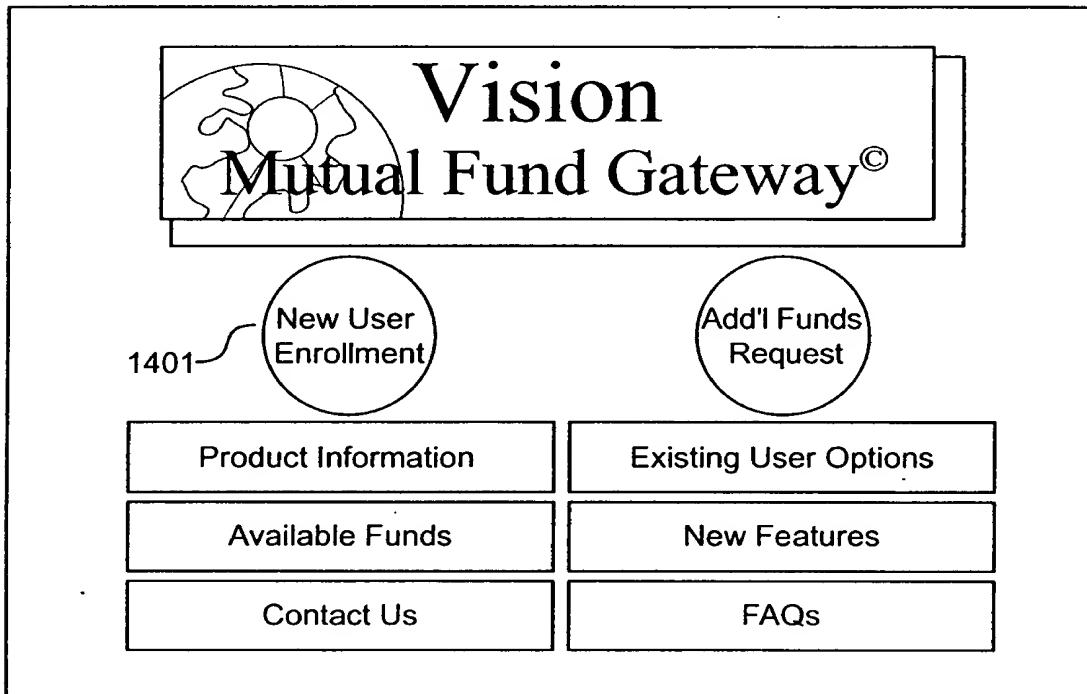


FIGURE 14(a)

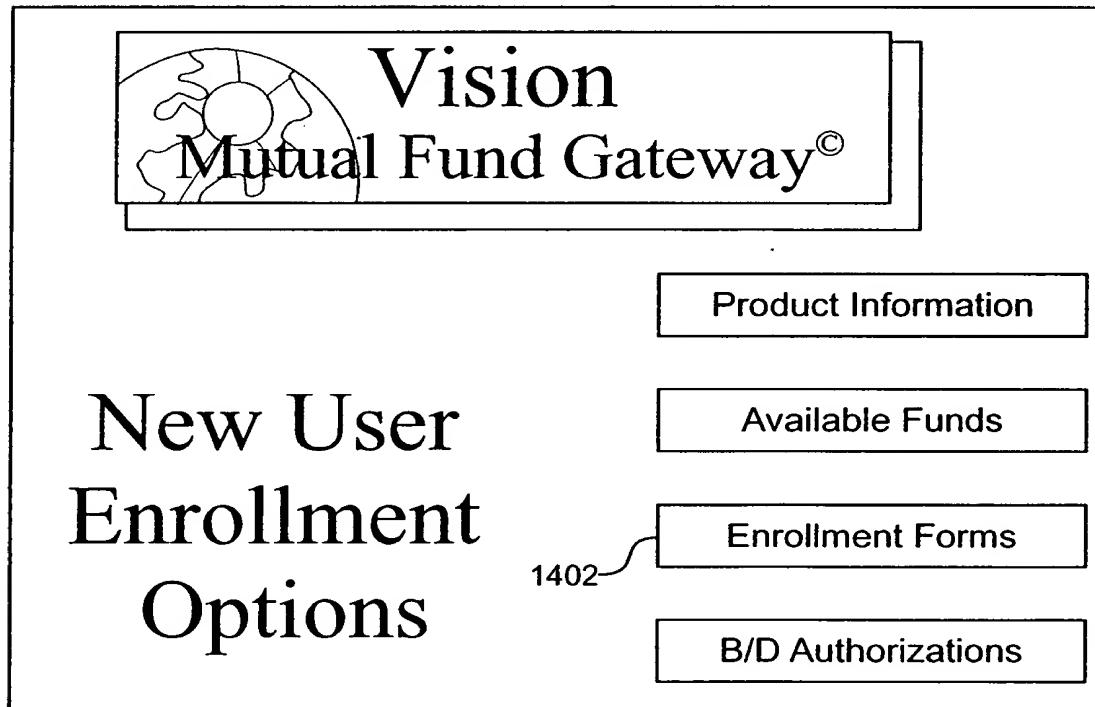
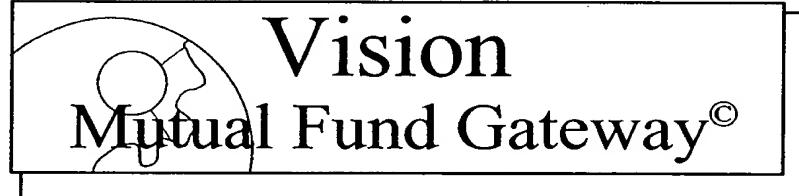


FIGURE 14(b)



Enrollment Form

Select the level at which you will access Vision.

- 1403 Dealer Provides access to all accounts assigned to your broker/dealer firm.
- 1404 Branch Provides access to all accounts assigned to your branch office.
- 1405 Rep Provides access to your individual accounts in which you are the representative or advisor of record. Each representative must complete his or her own enrollment.
- 1406 Tax ID Provides access to accounts grouped under a single tax identification number. Tax ID access may be appropriate for trust companies and banking institutions. Tax ID access is not available at the shareowner Social Security level.

FIGURE 14(c)



Enrollment Form Dealer Access

This enrollment form provides access to all accounts assigned to your Broker/Dealer firm. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

Broker/Dealer Name:

Last: First:

Contact Person:

Contact's E-Mail Address:

*Correspondence regarding Vision access
is communicated by e-mail;
without a valid e-mail address,
some communication may be delayed.*

Mailing Address:

City: State or Province: **ZIP Code:**

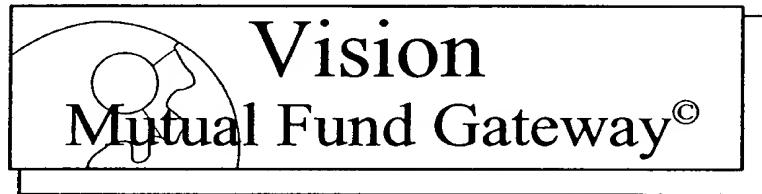
Country: United States

Phone Number: () - ext.

Fax Number: () -

Number of Required Vision IDs: 1

FIGURE 14(d)



Enrollment Form Branch Access

This enrollment form provides access to all accounts assigned to your branch office. If you are in the incorrect form, please click "Cancel & Close Window".

If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

Broker/Dealer Name:

Firm Name:

Last: First:

Contact Person:

Contact's E-Mail Address:

*Correspondence regarding Vision access
is communicated by e-mail;
without a valid e-mail address,
some communication may be delayed.*

Mailing Address:

City: State or Province: **ZIP Code:**

Country: United States

Phone Number: () - ext.

Fax Number: () -

**Number of Required
Vision IDs:** 1

FIGURE 14(e)



Enrollment Form Representative Access

This enrollment form provides access to your individual accounts in which you are the representative or advisor of record. Each representative must complete his or her own enrollment. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

Fields marked in bold are required. Correct completion of this form is essential to processing your enrollment. An incomplete form will be returned to you and your enrollment will not be processed until the correct information is submitted.

(If you are not affiliated with a Broker/Dealer,
type FEE ADVISOR in this field.)

Broker/Dealer Name:

Firm Name:

Last: First:

Contact Person:

Contact's E-Mail Address:

Correspondence regarding Vision access
is communicated by e-mail;
without a valid e-mail address,
some communication may be delayed.

Mailing Address:

City: **State or Province:** **ZIP Code:**

- -

Country:

Phone Number: () - ext.

Fax Number: () -

**Number of Required
Vision IDs:** 1

FIGURE 14(f)

Fig. 15A

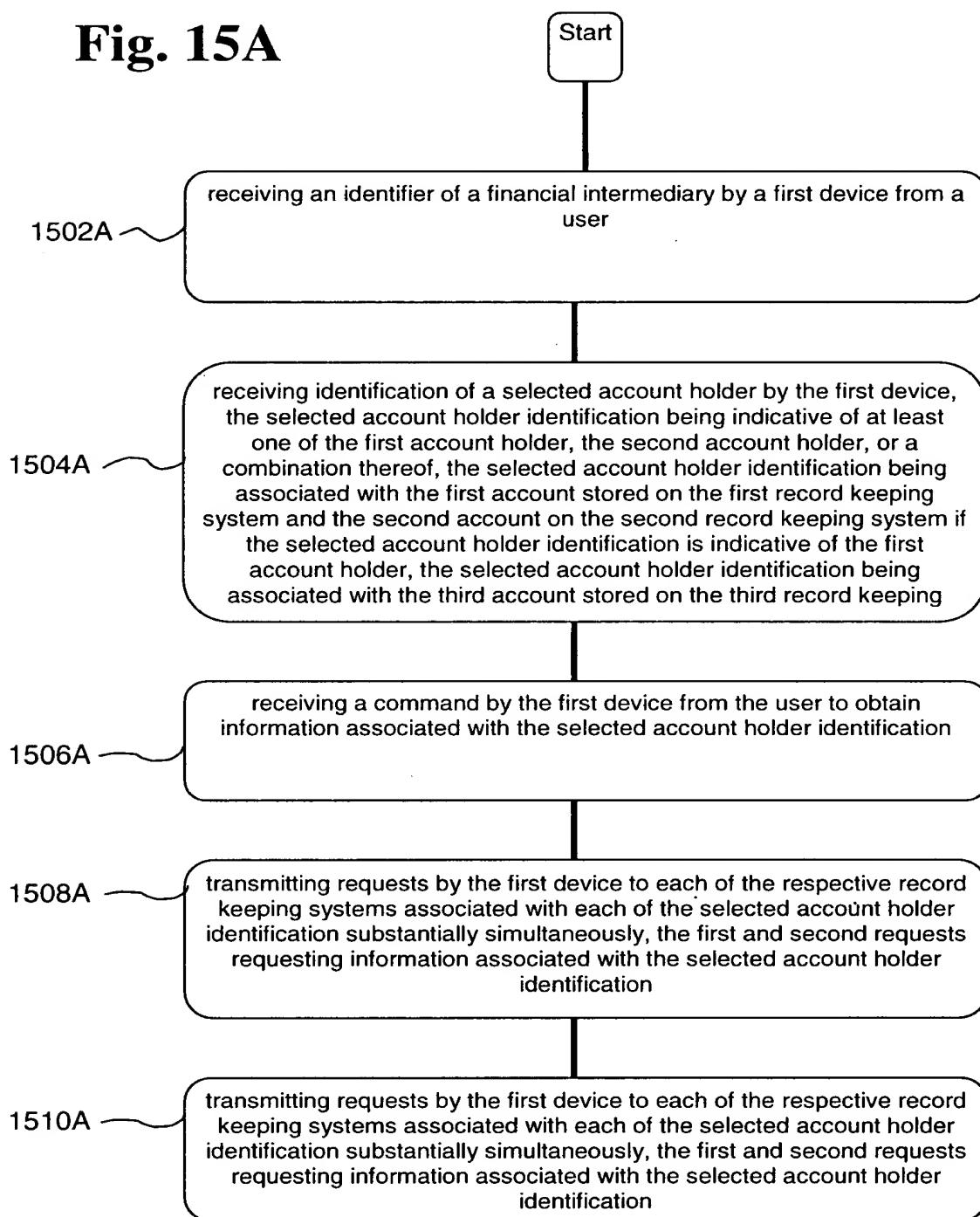


Fig. 15B

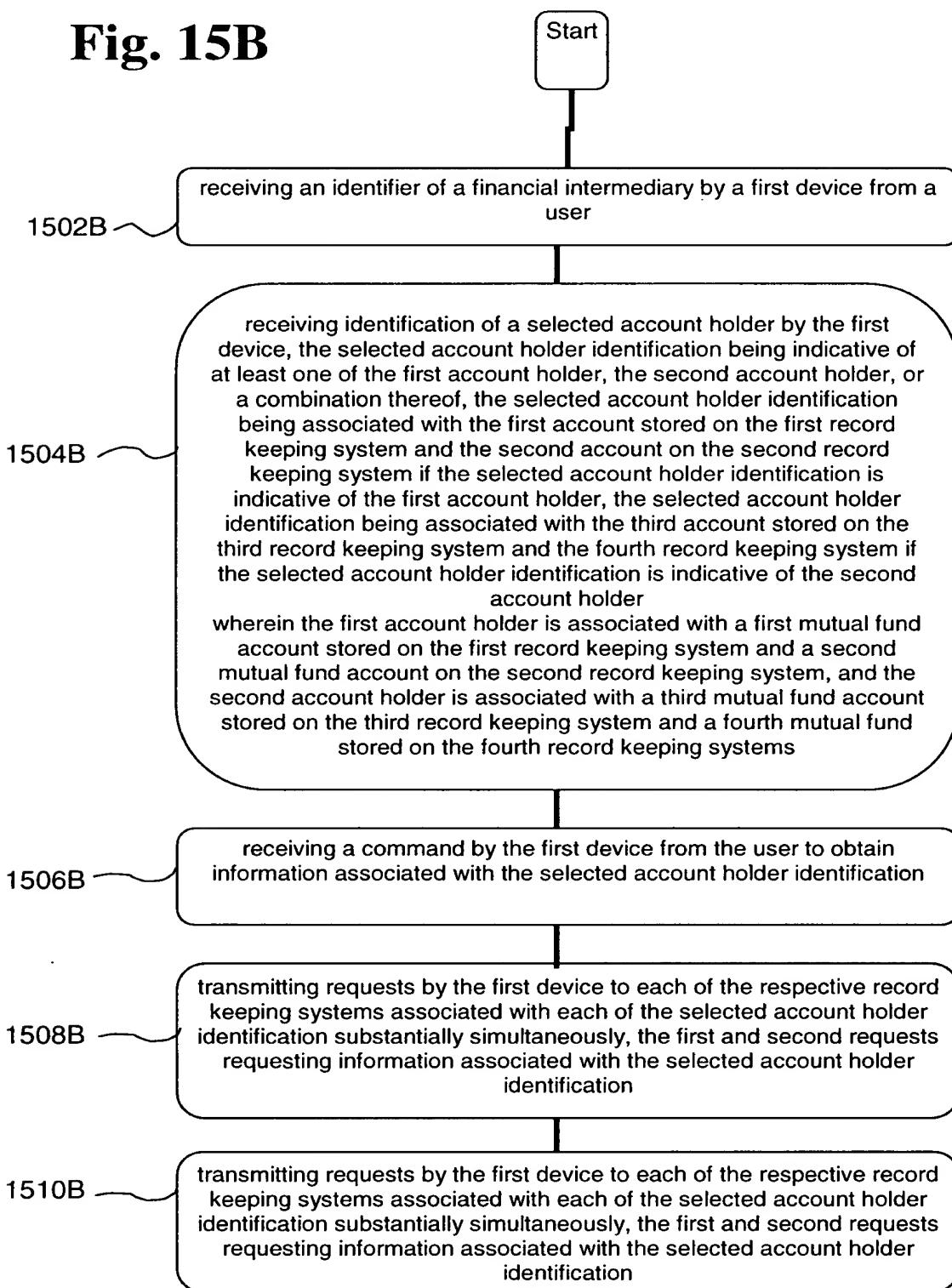


Fig. 15C

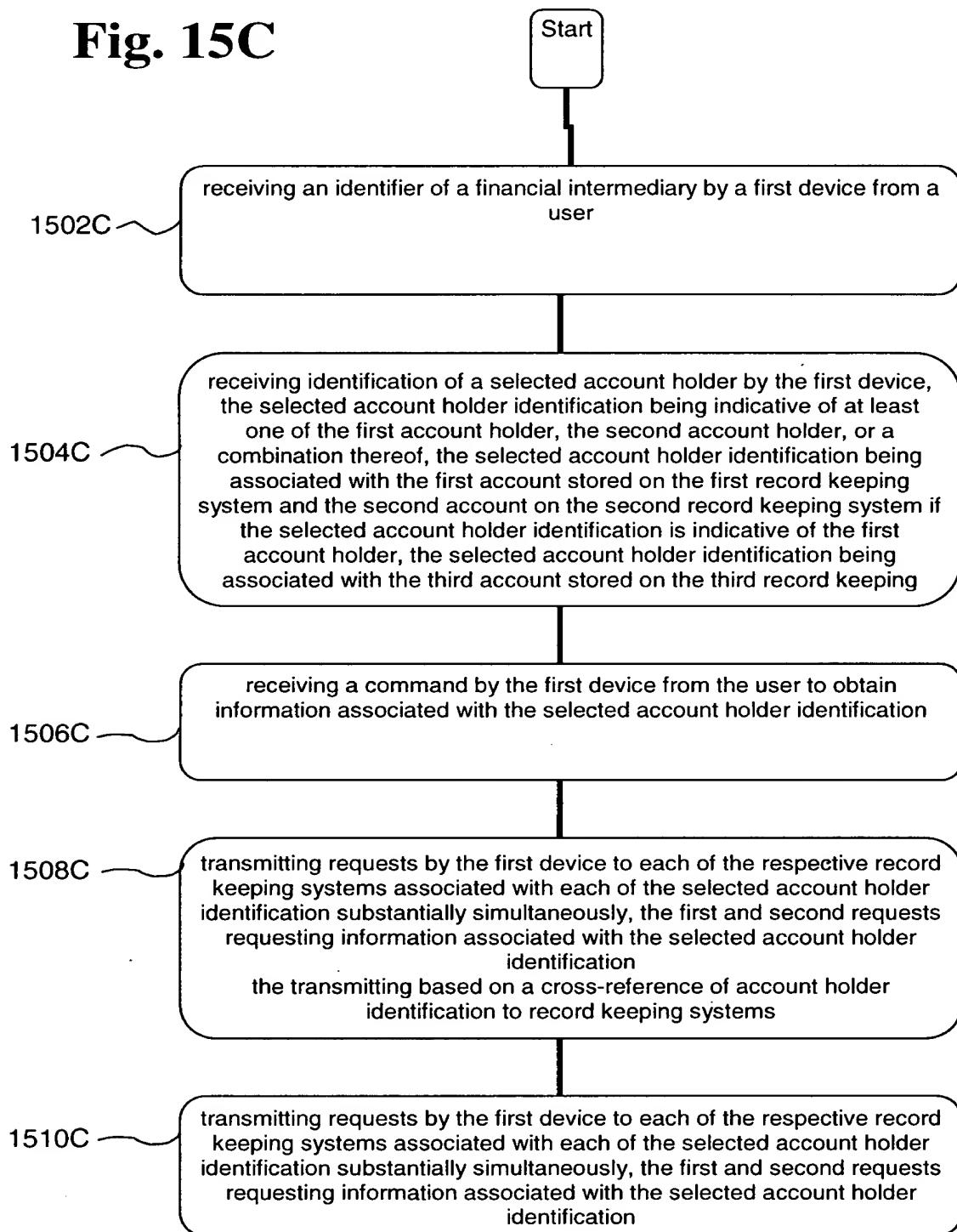


Fig. 15D

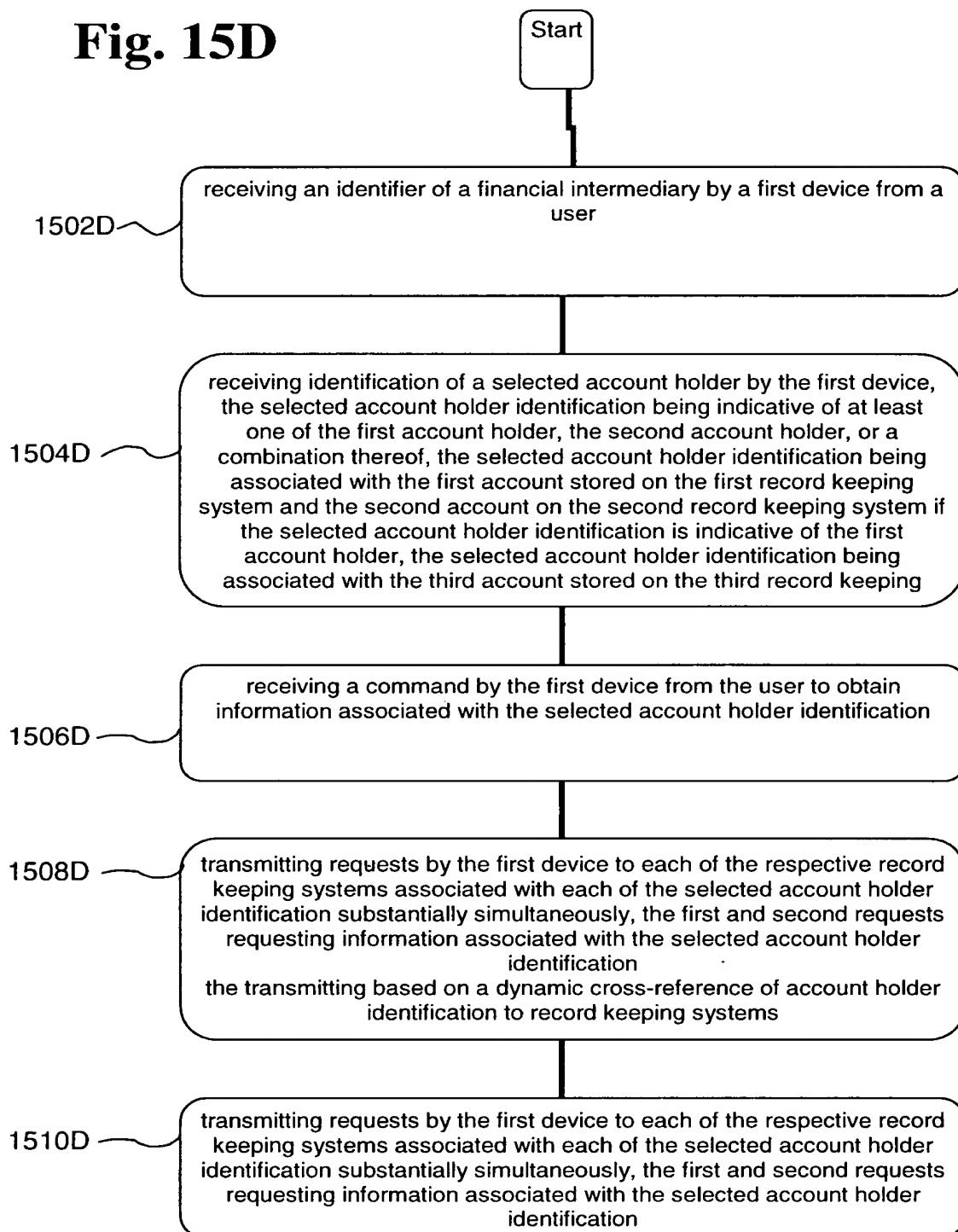


Fig. 15E

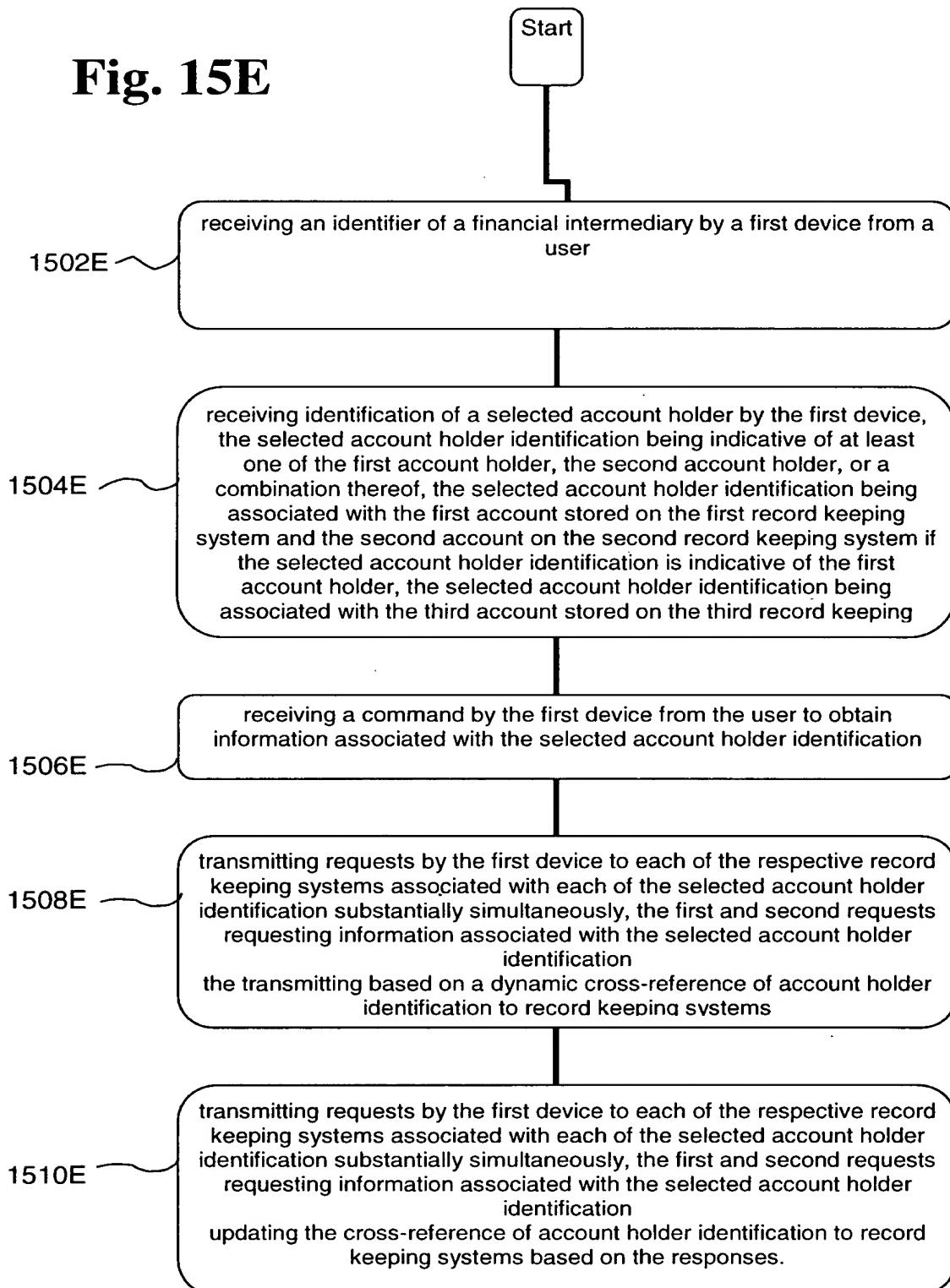


Fig. 15F

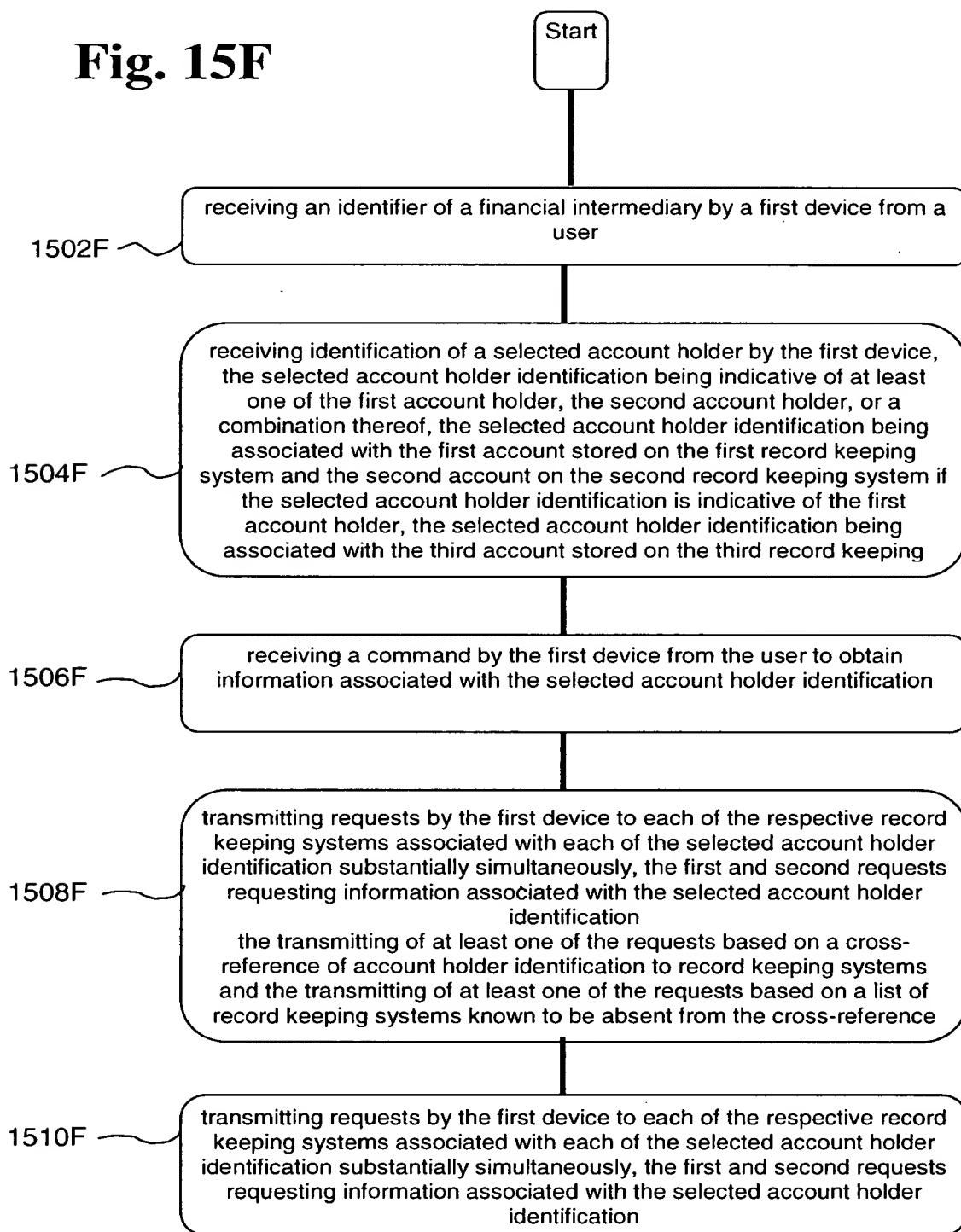


Fig. 15G

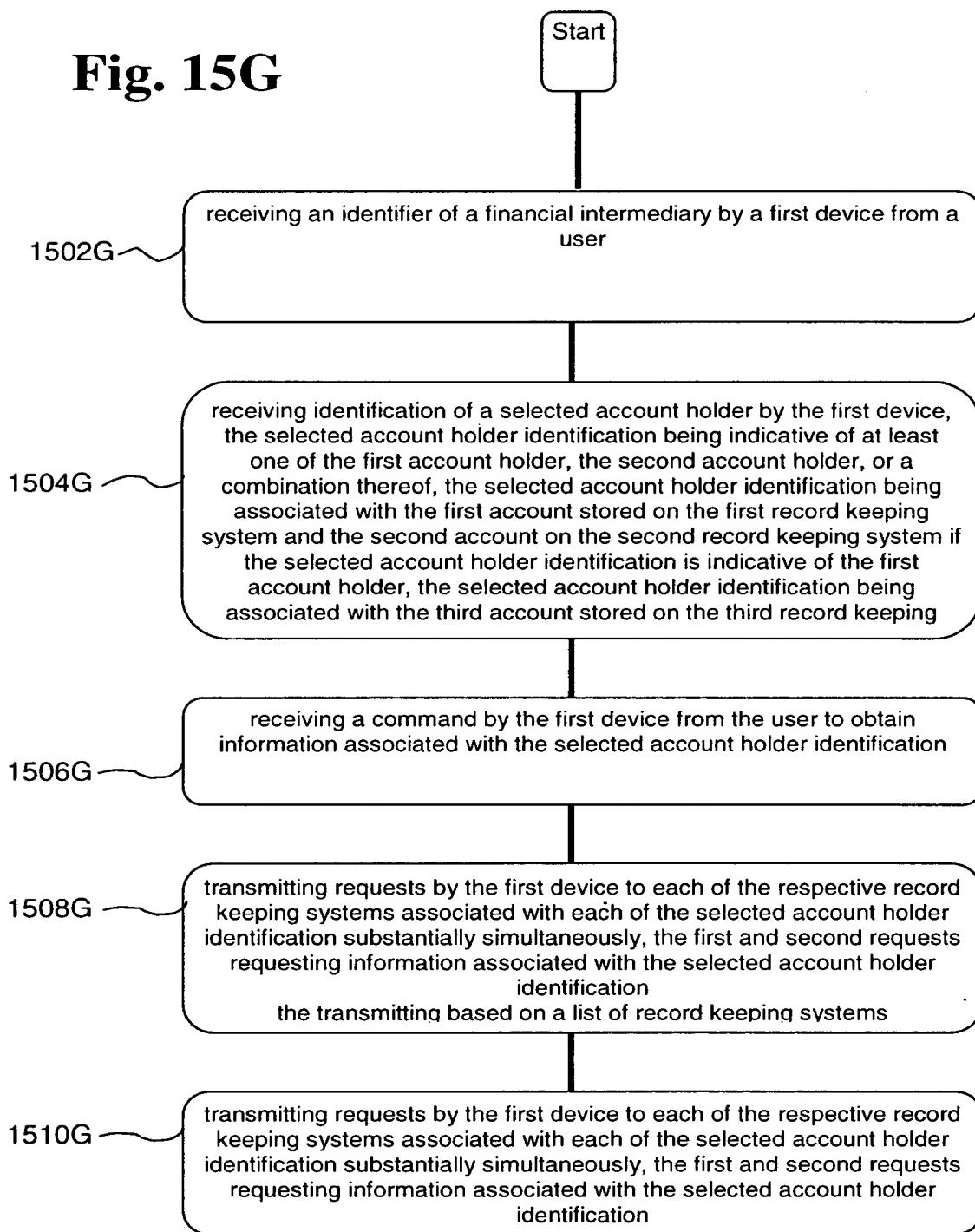


Fig. 15H

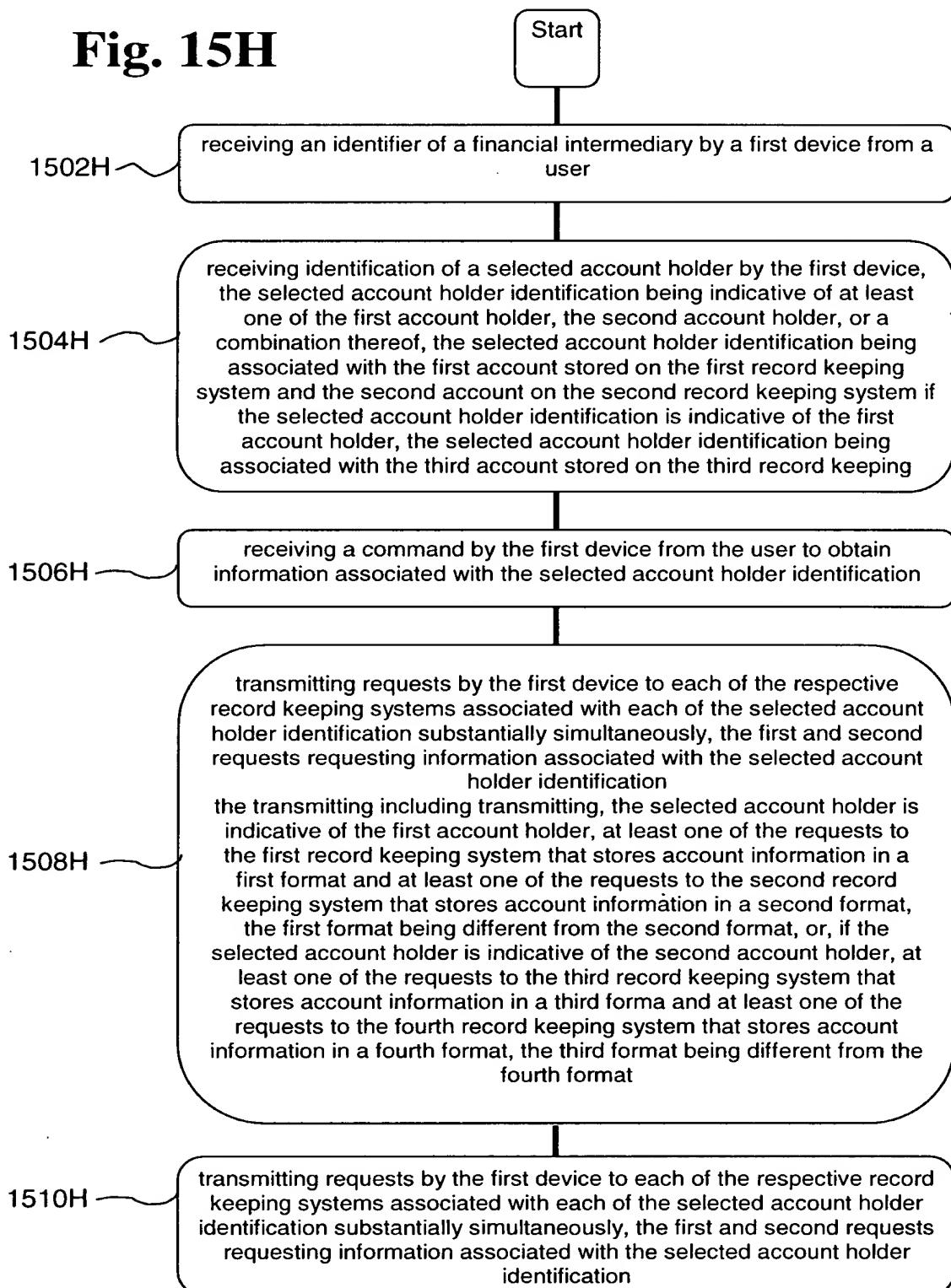


Fig. 15I

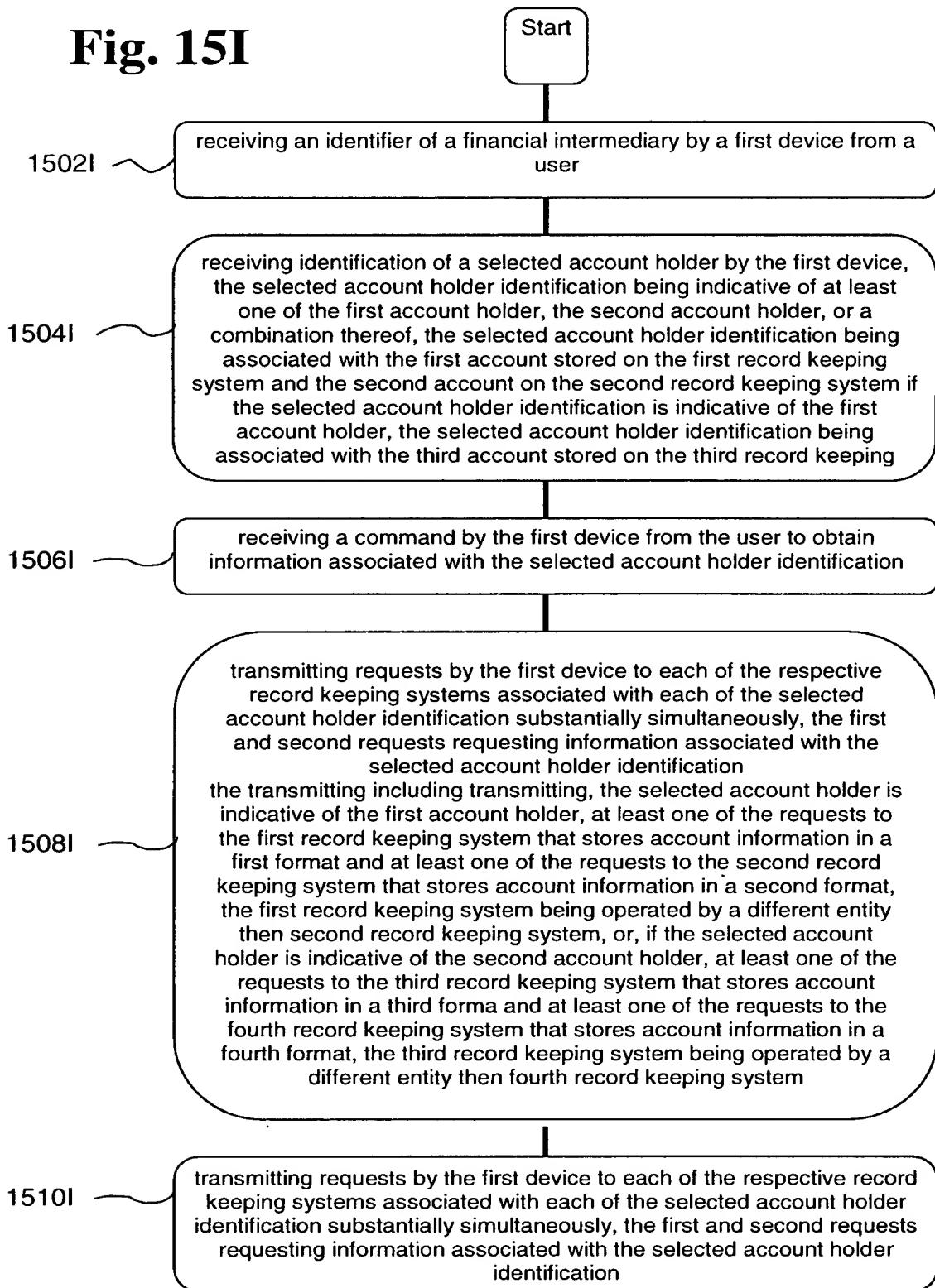


Fig. 15J

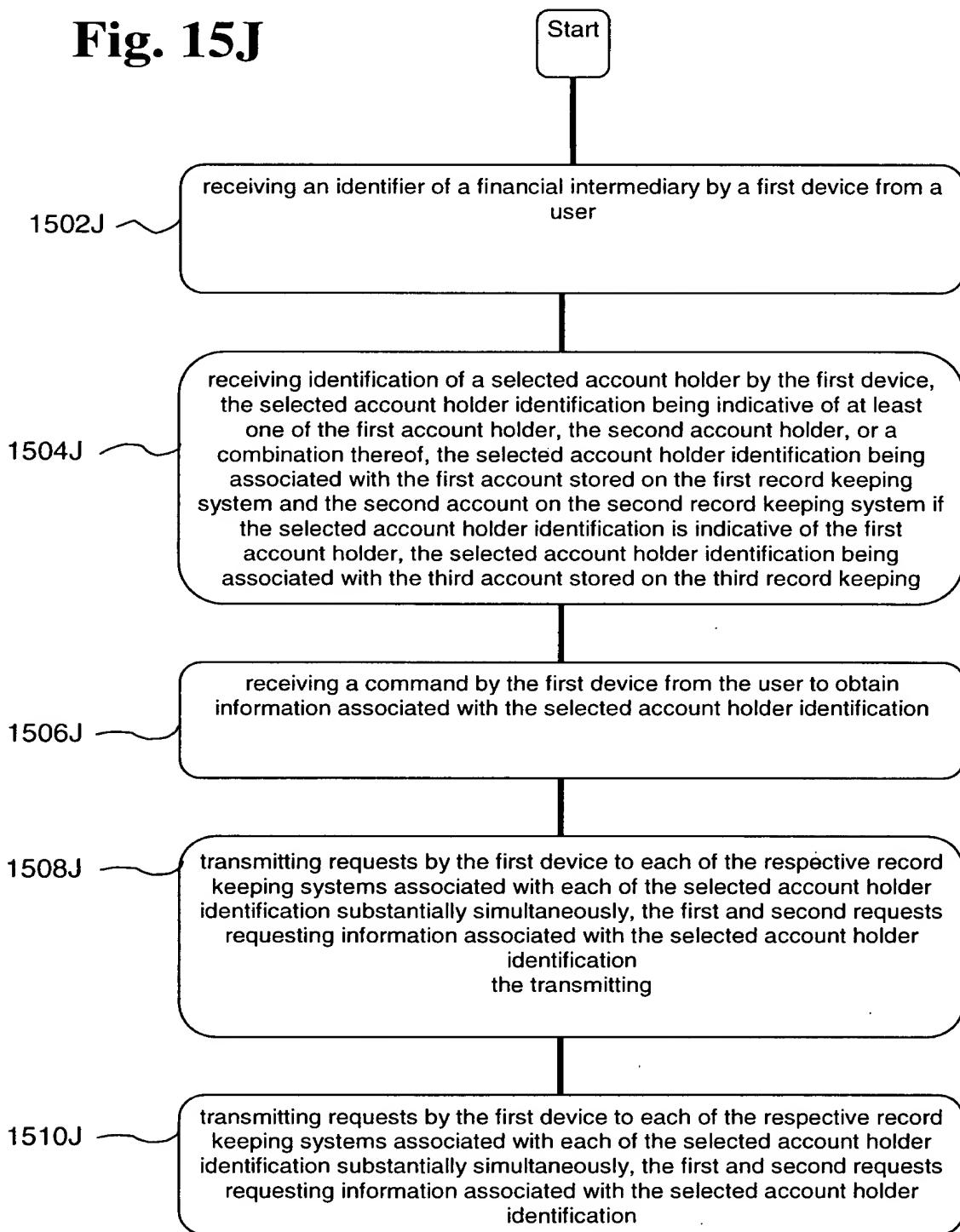


Fig. 15K

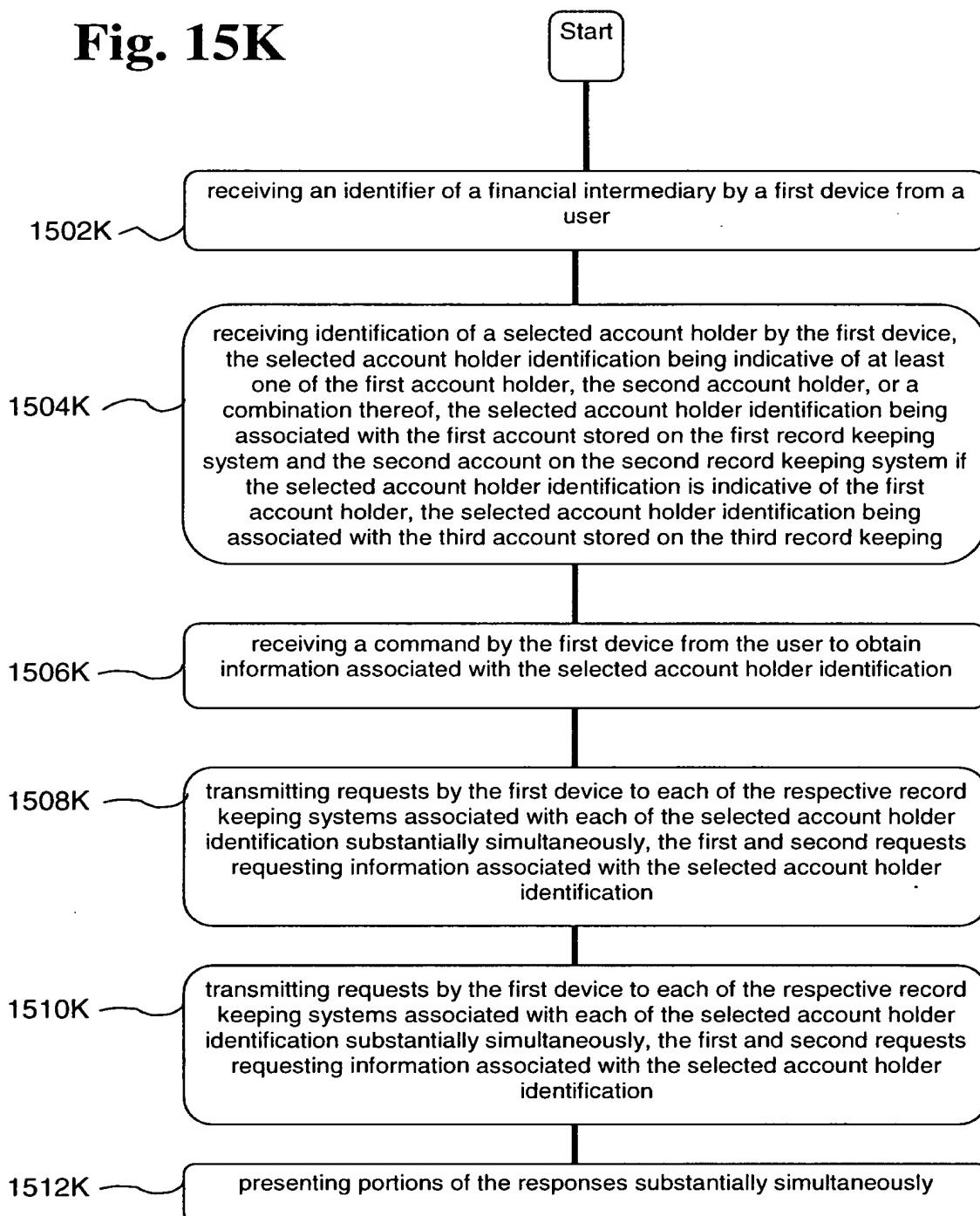


Fig. 15L

